

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Hospital and Healthsystem Assoc. of PA - Federal Political Action Comm (HAPAC)

ADDRESS (number and street)

Post Office Box 8600

☐ (Check if address is changed)

4750 Lindle Road

Harrisburg

CITY ▲

PA

STATE ▲

17105-8600

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

sbishop@haponline.org

Optional Second E-Mail Address

sfischer@haponline.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

MM / DD / YYYY
02 / 14 / 2013

3. FEC IDENTIFICATION NUMBER ►

C C00128082

4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr Scott Bishop

Signature of Treasurer Mr Scott Bishop

[Electronically Filed]

Date

MM / DD / YYYY
02 / 14 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)